

MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS

**P.O. Box 775
Louisville, MS 39339
(662) 773-4478**

Office Information Sheet

Clinic Name and Physical Address: **Clinic Mailing Address:**

If you have a branch office(s), please copy this form in its
entirety for each office/clinic.

Telephone: _____

E-mail address: _____

Fax: _____

List all Chiropractors:

List all Chiropractic Assistants:

List all Radiological Technologists:

**List all unlicensed graduate
Chiropractors/Extern:**

**When did unlicensed graduate chiropractor/Extern start working in the
clinic?**

What licenses, certificates or permits does the unlicensed graduate chiropractor/Extern hold?

Are all licensed chiropractors in the clinic familiar with and in compliance with the advertising restrictions of State law cited as Mississippi Code Ann. Section 73-6-25 (1)(b) and Board rule 5.1? _____
If not, please explain. _____

Are all licensed chiropractors current with their annual 12 hours of continuing education? (Must include 3 hours of risk management) _____
If not, please explain. _____

Are all Radiological Technologists current with their annual 6 hours of continuing education? _____ If not, please explain. _____

Are all Chiropractic Assistants current with their annual 6 hours of continuing education? _____ If not, please explain. _____

PLEASE SEND COPY OF CURRENT YELLOW PAGE AD.

Signature of Owner of Clinic

Date

Signature of other staff

Title & Date

Signature of other staff

Title & Date

Signature of other staff

Title & Date

Signature of other staff

Title & Date

Please have any other staff sign and date on the back of this page.